

function. Clinical-instrumental peculiarities of asthma course were studied considering the norm of PTH in the blood serum within the range of 10,4-66,5 pg/ml (according to the producers' figures).

Natural changes of PTH content in the blood serum of patients depending on the doses of iGCS were not found except the range of high doses. Thus, in case of a low concentration of PTH in the blood serum children received therapy with low and average doses of iGCS: OR = 3,6 (95%CI 1,9 - 6,6), OR = 2,0 (95%CI 1,6 - 2,5), $r = 0,31$. High doses to certain extent might promote osteoporosis development and calcium remove from the bones, which in its turn stimulated synthesis of the parathyroid hormone.

Therefore, a conclusion can be drawn that 52.2% of schoolchildren suffering from bronchial asthma do not have normal values of the parathyroid hormone in the blood serum, and in case of an uncontrolled course of bronchial asthma its concentration 5 times decreases and correlates with the period of administration of systemic GCS during BA attacks ($R=0,72$). Patients with parathyroid hormone concentration in the blood lower than that of the norm require 2,5 times less commonly high doses of iGCS with underlying disorders of the ventilation function (Hensler index less than 70,0%) of the respiratory passages (OR=5,4).

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NEONATAL COVID-19 AS A NEW EXPERIENCE IN THE PANDEMIC ERA

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Biologically plausible routes of perinatal SARS-CoV-2 transmission include transplacental, contact with infected secretions during delivery and with respiratory droplets after delivery, and breast milk. Low rates of virus positivity in relevant biological specimens suggest that perinatal transmission is uncommon, but accumulating evidence indicates that some neonates who are born to mothers with SARS-CoV-2 do obtain positive test results for the virus.

The purpose of the study was to analyze the peculiarities of coronavirus disease COVID-19 in the neonatal period on the example of 2 clinical cases. The newborn full-term girl was under inpatient observation from the 4th to the 17th days of life. The girl was born from SARS-CoV2 positive and COVID-19 respiratory symptomatic mother (by RT-PCR). The child's grandmother was the first member, who suffered from pneumonia caused by SARS-CoV2, who was the source of novel coronavirus infection in the family. Immediately after birth, nasal and oral swabs were taken, the result gRT-PCR RNA-SARS-CoV-2 was positive. During the observation, the child was breastfed and showed signs of physiological adaptation of the newborn without health abnormalities. Cells blood count (CBC) was within normal ranges, also C-reactive protein (CRP) level didn't elevate. Another full-term breastfed newborn was hospitalized with mild respiratory symptoms (coryza, dry cough and pharyngitis) and low-grade fever on the 24th day of life (2nd day of disease onset). The child's mother had the same symptoms. Swabs' results of both mother and newborn (gRT-PCR RNA-SARS-CoV-2) were positive. CBC and CRP levels were within normal ranges. All symptoms were reduced in 5 days. In both cases, the mothers and children received two negative gRT-PCR RNA-SARS-CoV-2 results. The presented cases demonstrated the asymptomatic COVID-19 in the early neonatal period where the child was born from symptomatic PCR confirmed COVID-19 mother; and mild symptomatic COVID-19 in a child that was infected by symptomatic mother in the late neonatal period.

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CLINICAL AND PARACLINICAL MARKERS OF INFLAMMATORY ACTIVITY IN ACUTE TONSILLOPHARYNGITIS IN CHILDREN

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The objective is to study clinical and paraclinical markers of inflammatory activity in acute non-streptococcal and streptococcal tonsillopharyngitis in children to address rational treatment tactics.